

State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

SALES PERMIT RENEWAL APPLICATION ONLY

System - 2 characters

ST = Sales Tax

Filing Frequency - 1 character


M = Monthly, Q = Quarterly

Filing Type - 2 characters

98 = Renewal Application

Calendar year (2000) - 4 characters

Record ID - 11 characters

		STATE OF RHODE ISLAND		RETAIL SALES PERMIT RENEWAL APPLICATION	
DIVISION OF TAXATION * ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802					
STM98200005046030100					
Name 1 Name 2 Address 1 Address 2 City, State Zip+4		TAXPAYER IDENTIFICATION # 05046030100		TAX YEAR July 1, 2000 - June 30, 2001	
AUTHORIZED SIGNATURE			DATE		
SALES TAX RENEWAL FEE \$10.00					
Please mail this form with remittance separately. Do not mail with a return.					
Mail this form and remittance payable to: Rhode Island Division of Taxation One Capitol Hill, Ste 4 Providence, RI 02908-5802					

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED

Scan line must be 2 7/8 ± 1/8" from BOTTOM of form

Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE

Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A SALES TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

State of Rhode Island

WITHHOLDING TAX FORMS SPECIFICATIONS

MONTHLY ONLY

System - 2 characters
WT = Withholding


Filing Frequency - 1 character
M = Monthly

Filing Period - 2 characters
Calendar year month 01 to 12

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing month & year

 **STATE OF RHODE ISLAND**
DIVISION OF TAXATION * ONE CAPITOL HILL STE 7, PROVIDENCE, RI 02908-5809

WITHHOLDING TAX RETURN
MONTHLY

WTM01200005046030100

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

WTM

I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT

TITLE DATE

TAXPAYER IDENTIFICATION # 05046030100 RETURN FOR MONTH ENDING JAN 31/00

941-MRI REV 11/99

TAX AMOUNT DUE AND PAID \$

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

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CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the black OCR-B font, size 16 or 18.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is left out, the numbers must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

WITHHOLDING TAX FORMS SPECIFICATIONS

QUARTERLY ONLY

System - 2 characters
WT = Withholding

Filing Frequency - 1 character
Q = Quarterly

Filing Period - 2 characters
Calendar year quarter 01 to 04

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing quarter & year

STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL STE 7, PROVIDENCE, RI 02908-5809

WITHHOLDING TAX RETURN
QUARTERLY

WTQ01200005046030100

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

WTQ

I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT

TITLE DATE

TAXPAYER IDENTIFICATION #
05046030100

RETURN FOR QUARTER ENDING
MAR 31/00

941-QRI REV 11/99

TAX AMOUNT DUE AND PAID \$

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

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CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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State of Rhode Island

WITHHOLDING TAX FORMS SPECIFICATIONS

QUARTER/MONTHLY ONLY

System
WT = Withholding


Filing Frequency
W = Quarter/Monthly

Filing Period
Calendar year quarter/monthly period 01 to 48

Calendar year (2000)

Record ID

Filing quarter/monthly period & year

 **STATE OF RHODE ISLAND**
DIVISION OF TAXATION * ONE CAPITOL HILL STE 7, PROVIDENCE, RI 02908-5809

WITHHOLDING TAX RETURN
QUARTER/MONTHLY

WTW17200005046030100

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

WTQM

I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT

TITLE DATE

TAXPAYER IDENTIFICATION #
05046030100

RETURN FOR QUARTER/MONTHLY PERIOD
ENDING APR 23-30/00

941-QMRI REV 11/99

TAX AMOUNT DUE AND PAID \$

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

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CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

MONTHLY ONLY

System - 2 characters

ST = Sales Tax

Filing Frequency - 1 character

M = Monthly


Filing Period - 2 characters

Calendar year month 01 to 12

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing month & year

		STATE OF RHODE ISLAND		SALES & USE TAX RETURN	
DIVISION OF TAXATION * ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802				MONTHLY	
STM02200005046030100					
STM					
Name 1 Name 2 Address 1 Address 2 City, State Zip+4					
I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN. SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT					
TITLE		DATE			
FEDERAL IDENTIFICATION # 05046030100		RETURN FOR MONTH ENDING FEB 29/00			
T-204M REV 11/99					

NET SALES AND USE TAX DUE AND PAID \$

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Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

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CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

MONTHLY RECONCILIATION ONLY

FRONT

System - 2 characters

ST = Sales Tax

Filing Frequency - 1 character

M = Monthly


Filing Period - 2 characters

Calendar year month 01 to 12

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing month & year

		STATE OF RHODE ISLAND		SALES & USE TAX RETURN	
DIVISION OF TAXATION * ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802				MONTHLY	
				QUARTERLY RECONCILIATION	
STM03200005046030100					
STMR					
Name 1 Name 2 Address 1 Address 2 City, State Zip+4					
I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.					
SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT					
TITLE			DATE		
TAXPAYER IDENTIFICATION # 05046030100			RETURN FOR MONTH ENDING MAR 31/00		
T-204M-R REV 11/99					

1. SALES & USE TAX DUE FOR THE QUARTER (FROM LINE 9 SCH A)

2. LESS: TAX PAID - MONTH 1

3. LESS: TAX PAID - MONTH 2

4. SALES & USE TAX DUE

5. LESS: CREDIT FOR SALES TAX PAID IN OTHER STATES (ITEMS MUST BE INCLUDED IN LINE 4 SCH A ON BACK)

6. NET SALES AND USE TAX DUE AND PAID

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

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CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

QUARTERLY ONLY

FRONT

System - 2 characters

ST = Sales Tax

Filing Frequency - 1 character

Q = Quarterly


Filing Period - 2 characters

Calendar year quarter 01 to 04

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing quarter & year

 **STATE OF RHODE ISLAND**
DIVISION OF TAXATION * ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802

SALES & USE TAX RETURN
QUARTERLY

STQ01200005046030100

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

STQ

PLEASE DO NOT WRITE IN THIS AREA

I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT

TITLE DATE

FEDERAL IDENTIFICATION NO. 05046030100 RETURN FOR QUARTER ENDING MAR 31/00

T-204Q REV 11/99

1. SALES & USE TAX DUE FOR THE QUARTER (FROM LINE 9 SCH A) \$

2. LESS: CREDIT FOR SALES TAX PAID IN OTHER STATES (ITEMS MUST BE INCLUDED IN LINE 4 SCH A ON BACK) \$

3. NET SALES AND USE TAX DUE AND PAID \$

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
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CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

QUARTERLY ONLY

System - 2 characters

ST = Withholding Tax

Filing Frequency - 1 character

Q = Quarterly


Filing Period - 2 characters

Calendar year quarter 01 to 04

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing quarter & year

		STATE OF RHODE ISLAND		SALES & USE TAX RETURN	
DIVISION OF TAXATION * ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802				QUARTERLY	
STQ01200005046030100					
STQ					
Name 1 Name 2 Address 1 Address 2 City, State Zip+4					
I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.					
SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT					
TITLE			DATE		
FEDERAL IDENTIFICATION NO. 05046030100			RETURN FOR QUARTER ENDING MAR 31/00		
T-204Q REV 11/99					

1. SALES & USE TAX DUE FOR THE QUARTER (FROM LINE 9 SCH A)	9	9	9	9	9	9	9	9	9
2. LESS: CREDIT FOR SALES TAX PAID IN OTHER STATES (ITEMS MUST BE INCLUDED IN LINE 4 SCH A ON BACK)	9	9	9	9	9	9	9	9	9
3. NET SALES AND USE TAX DUE AND PAID	\$	9	9	9	9	9	9	9	9

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED

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CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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State of Rhode Island

INCOME TAX FORMS SPECIFICATIONS

ESTIMATED ONLY

System - 2 characters
IT = Income Tax


Filing Type - 1 character
E = Estimated

Filing Period - 2 characters
Calendar year quarter 01 to 04

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing quarter & year

 **STATE OF RHODE ISLAND**
DIVISION OF TAXATION * ONE CAPITOL HILL STE 8, PROVIDENCE, RI 02908-5810

Form RI-1040-ES
2000 Payment Voucher

ITE02200005046030100

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

ITE

Return this voucher with check or money order payable to the R.I. Division of Taxation, One Capitol Hill, Providence, R.I. 02908-5810. Please do not send cash with this voucher.

DUE JUNE 15, 2000
CALENDAR YEAR
FISCAL YEAR FILERS ENTER YEAR ENDING

YOUR SOCIAL SECURITY NUMBER
050-46-0301

SPOUSE'S NUMBER, IF JOINT PAYMENT

FILE ONLY IF YOU ARE MAKING A PAYMENT OF ESTIMATED TAX.

1. AMOUNT OF PAYMENT \$

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A INCOME TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the black OCR-B font, size 16 or 18.

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State of Rhode Island

INCOME TAX FORMS SPECIFICATIONS

1040V (VOUCHER) ONLY

System - 2 characters

IT = Income Tax

Filing Type - 1 character

V = Voucher

Filing Code - 2 characters

Code = 06

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL STE 3, PROVIDENCE, RI 02908-5801

Form RI 1040-V
1999

ITV06200005046030100

DO NOT STAPLE OR ATTACH THIS VOUCHER TO YOUR PAYMENT

Name 1

Name 2

Address 1

Address 2

City, State Zip+4

1. ENTER THE FIRST
FOUR LETTERS OF YOUR
LAST NAME

--	--	--	--

1040-V

YOUR SOCIAL SECURITY NUMBER

050-46-0301

SPOUSE'S NUMBER, IF JOINT PAYMENT

2. ENTER AMOUNT
DUE AND PAID

\$

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Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
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EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX
FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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1040NR-V (VOUCHER) ONLY

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

INCOME TAX FORMS SPECIFICATIONS

4868 ONLY

System - 2 characters

IT = Income Tax

Filing Type - 1 character

A = Automatic Extension

Filing Code - 2 characters

Code = 05

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL STE 3, PROVIDENCE, RI 02908-5801

Form RI-4868
1999

ITA05200005046030100

Application for Automatic Extension of Time to file R.I. Individual Income Tax Return

Name 1

Name 2

Address 1

Address 2

City, State Zip+4

4868

Enter tentative tax computation

A. Tentative federal income tax \$ _____
B. Tentative RI tax (26.5% of Line A) _____
C. Total tax withheld, payments & other credits _____
D. Balance due (line B less line C) \$ _____

YOUR SOCIAL SECURITY NUMBER

050-46-0301

SPOUSE'S NUMBER, IF JOINT PAYMENT

ENTER AMOUNT
DUE AND PAID

\$

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

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EXAMPLE ONLY

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FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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State of Rhode Island

DEFICIENCY NOTICE SPECIFICATIONS

PERSONAL INCOME TAX BILL ONLY

Form Type - 2 characters

IB = Income Tax Bill

Calendar year (2000) - 4

Income Tax Code - 3 characters

Code = 000

Record ID - 11 characters



STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL STE 33, PROVIDENCE, RI 02908-5807

NOTICE OF DEFICIENCY

RI PERSONAL INCOME TAX

IB2000000005486124800

RETURN THIS BILL WITH REMITTANCE

Jonathan McDonnell
351 South Main St.
Providence, RI 02908-5326

SS#: 054-86-1248

ITB

Date of This Notice:

Tax Period Ended:

Document Locator No:

Balance Payable By:

TOTAL DUE

\$

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

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Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A INCOME TAX BILL FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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1120DWR ONLY

Record ID - 11 characters

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

7004 ONLY

Record ID - 11 characters

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

CORPORATION TAX FORMS SPECIFICATIONS

Estimated Tax First Estimate Only

System - 2 characters

CT = Corporation Tax

Filing Frequency - 1 character

E = Estimate

Installments - 2 characters

Installment 01 or 02

Calendar year (2000) - 4 characters

Record ID - 11 characters

STATE OF RHODE ISLAND		FIRST ESTIMATE	
DIVISION OF TAXATION * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811			
CTE01200005046030100			
Name 1 Name 2 Address 1 Address 2 City, State Zip+4		IF NOT A CALENDAR YEAR, FISCAL YEAR MUST BE ENTERED For Calendar Year _____ Or Taxable Year Beginning _____ And Ending _____	
TAXPAYER IDENTIFICATION # 05046030100		1. ESTIMATED TAX FOR CURRENT YEAR \$ 2. 40% OF LINE 1 \$ 3. LESS AMOUNT FROM PRIOR YEAR CREDITED TO THIS PAYMENT \$	
I declare, under the penalties of perjury, that this document has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete. _____ Signature of Officer or Agent		4. PAYMENT DUE WITH THIS RETURN \$	
AMOUNT ON LINE 4 IS DUE AND PAYABLE ON OR BEFORE THE FIFTEENTH DAY OF THE THIRD MONTH OF THE TAXABLE YEAR			

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A CORPORATION TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

CORPORATION TAX FORMS SPECIFICATIONS

Estimated Tax Second Estimate Only

System - 2 characters

CT = Corporation Tax

Filing Frequency - 1 character


E = Estimate

Installments - 2 characters

Installment 01 or 02

Calendar year (2000) - 4 characters

Record ID - 11 characters

		STATE OF RHODE ISLAND		SECOND ESTIMATE	
DIVISION OF TAXATION * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811					
CTE02200005046030100					
Name 1 Name 2 Address 1 Address 2 City, State Zip+4			IF NOT A CALENDAR YEAR, FISCAL YEAR MUST BE ENTERED For Calendar Year _____ Or Taxable Year Beginning _____ And Ending _____		
TAXPAYER IDENTIFICATION # 05046030100			TO AMEND ESTIMATE USE FORM ON REVERSE AND CHECK HERE <input type="checkbox"/>		
I declare, under the penalties of perjury, that this document has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete.			1. TOTAL ESTIMATED TAX 2. AMOUNT PAID AND CREDITED TO DATE 3. LINE 1 LESS LINE 2: AMOUNT DUE THIS PERIOD		
Signature of Officer or Agent _____ DUE AND PAYABLE ON OR BEFORE THE FIFTEENTH DAY OF THE SIXTH MONTH OF THE TAXABLE YEAR			4. PAYMENT ENCLOSED \$		

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A CORPORATION TAX REMITTANCE FORM FOR AN
EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX
FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom
dollar sign must be black, the others must be white. The decimal points
must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If
this option is unavailable, the "dark grey" area must be omitted. If the
"dark grey" area is omitted, all of the "white" print (such as "PLEASE DO
NOT...", the white dollar signs, and decimal points) must also be
omitted. If the "dark grey" area is left out, the numbers that are
entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last
box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to
the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

WITHHOLDING TAX FORMS SPECIFICATIONS

W3 ONLY

FRONT

System - 2 characters

WT = Withholding

Filing Frequency - 1 character

M = Monthly

Filing Code - 2 characters

Code = 99

Calendar year (2000) - 4 characters

Record ID - 11 characters

STATE OF RHODE ISLAND		FORM RI-W3 2000	
DIVISION OF TAXATION * ONE CAPITOL HILL STE 7, PROVIDENCE, RI 02908-5809			
WTM99200005046030100			
RECONCILIATION OF PERSONAL INCOME TAX WITHHELD BY EMPLOYERS			
Name 1 Name 2 Address 1 Address 2 City, State Zip+4		1. ENTER PAYMENTS MADE ON EMPLOYER RETURNS OF PERSONAL INCOME TAX WITHHELD (FORMS 941M, 941Q)	
SIGNATURE		JAN	
		FEB	
TITLE		APR	
		MAY	
DATE		JUL	
		AUG	
TAXPAYER IDENTIFICATION # 05046030100		OCT	
		NOV	
ENTER HERE THE TOTAL NUMBER OF RHODE ISLAND STATE WAGES & TAX STATEMENTS (FORM W2) SENT WITH THIS RECONCILIATION FORM		DEC	
NOTE: EXPLAIN ANY DIFFERENCE IN THE AMOUNTS IN ITEMS 2A AND 2B IN AN ATTACHED STATEMENT.		2A. TOTAL PAYMENTS	
		2B. TOTAL TAX WITHHELD DURING 2000 AS SHOWN ON STATE FORMS TRANSMITTED	

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A WITHHOLDING TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

WITHHOLDING TAX FORMS SPECIFICATIONS

W3 ONLY

BACK

MONTH	1st QTR OF MONTH	2nd QTR OF MONTH	3rd QTR OF MONTH	4th QTR OF MONTH	TOTAL
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
TOTAL FOR YEAR - ENTER HERE AND ON LINE 2A (FRONT)					
TO BE USED ONLY BY EMPLOYERS FILING QUARTER-MONTHLY RETURNS					

MONTHLY (MOTOR VEHICLE) ONLY

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

MONTHLY RECONCILIATION (MOTOR VEHICLE) ONLY

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

QUARTERLY RECONCILIATION (MOTOR VEHICLE) ONLY

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

EXCISE TAX FORMS SPECIFICATIONS

HARD TO DISPOSE MATERIAL (WHOLESALE) ONLY

System - 2 characters

HD = Hard to Dispose Material

Filing Frequency - 1 character

M = Monthly

Filing Period - 2 characters

Calendar year month 01 to 12

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing month & year

The diagram shows a form for the State of Rhode Island, Division of Taxation. The form includes a header with the state name and address, a title 'HARD TO DISPOSE MATERIAL WHOLESALE TAX RETURN', and a large shaded area for the taxpayer identification number. The identification number is 'HDM03200005046030100'. Below this is the taxpayer's name and address: Jonathan McDonnell, 351 South Main St., Providence, RI 02908-5326. A box for the taxpayer identification number contains '05046030100'. The form also has a section for the signature and date, and a section for the total amount due. The signature section is labeled 'The undersigned (Name/Title)' and 'hereby certifies that he/she is properly authorized to sign this report, that he/she has personal knowledge of the figures and that this return and the information herein c'. The signature box is labeled 'SIGNATURE' and 'DATE'. The date box is labeled 'RETURN FOR THE MONTH OF' and 'YEAR'. The date entered is 'MAR 31/00'. The total amount due section is labeled 'A. TOTAL AMOUNT DUE' and has a series of boxes for the amount, with a dollar sign. The form is labeled 'HTDM-W' and 'PLEASE DO NOT WRITE IN THIS AREA'.

STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL STE 5, PROVIDENCE, RI 02908-5804

HARD TO DISPOSE MATERIAL
WHOLESALE TAX RETURN

HDM03200005046030100

Jonathan McDonnell
351 South Main St.
Providence, RI 02908-5326

TAXPAYER IDENTIFICATION #
05046030100

HTDM-W

PLEASE DO NOT WRITE IN THIS AREA

The undersigned (Name/Title) _____, hereby certifies that he/she is properly authorized to sign this report, that he/she has personal knowledge of the figures and that this return and the information herein c

SIGNATURE _____ DATE _____

RETURN FOR THE MONTH OF _____ YEAR _____

MAR 31/00

A. TOTAL AMOUNT DUE \$ _____

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A HARD TO DISPOSE TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

TAX FORMS SPECIFICATIONS

POSTING VOUCHER ONLY

THERE IS NOT A SCAN LINE ON THE POSTING VOUCHER

STATE OF RHODE ISLAND									
DIVISION OF TAXATION * ONE CAPITOL HILL, PROVIDENCE, RI 02908									
POSTING VOUCHER									
Taxpayer ID #		Seq. #		Tax period Ending (Mo./Yr.)			Date		
Tax Code		Tax Type		TDA		Check	MO	Cash	
				(PP)	(FP)				
Assigned to		Prepared by		Determination #					
NAME AND ADDRESS				Tax					
				Assessed Interest	1				
					2				
				Assessed Penalty	1				
2									

ASSESSED RECEIVED \$

PLEASE DO NOT WRITE IN THIS AREA

ACCRUED INTEREST \$

ACCRUED PENALTY \$

TOTAL AMOUNT RECEIVED \$

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A POSTING VOUCHER FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

HOTEL TAX FORM ONLYFiling month & year

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

EXCISE TAX FORMS SPECIFICATIONS

HEALTH CARE PROVIDER RETURN (NURSING FACILITIES) ONLY


System - 2 characters
HT = Health Care Provider Tax

Filing Type - 1 character
N = Nursing Facilities

Filing Period - 2 characters
Calendar year month 01 to 12

Calendar year (2000) - 4 characters

Record ID - 11 characters

 **STATE OF RHODE ISLAND**
DIVISION OF TAXATION * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811

**HEALTH CARE PROVIDER RETURN
NURSING FACILITIES**

HTN01200005046030100

Jonathan McDonnell
351 South Main St.
Providence, RI 02908-5326

TAXPAYER IDENTIFICATION #
05046030100

LICENSE #

DUE DATE

1. GROSS PATIENT REVENUE \$

2. RATE 3.75%

PLEASE DO NOT WRITE IN THIS AREA

3. TOTAL DUE \$

PERIOD COVERED:

I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE, IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE	DATE
TITLE	

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A HEALTH CARE PROVIDER REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

HEALTH CARE PROVIDER RETURN (GROUP HOME) ONLY

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

EXCISE TAX FORMS SPECIFICATIONS

LITTER CONTROL PARTICIPATION PERMIT ONLY

System - 2 characters

ST = Sales Tax

Filing Type - 1 character

L = Litter Application

Filing Code - 2 characters

Code = 00

Calendar year (2000) - 4 characters

Record ID - 11 characters

		STATE OF RHODE ISLAND DIVISION OF TAXATION * ONE CAPITOL HILL STE 5, PROVIDENCE, RI 02908-5804		APPLICATION FOR LITTER CONTROL PARTICIPATION PERMIT	
STL00200005046030100					
Jonathan McDonnell 351 South Main St. Providence, RI 02908-5326					
LITTER					
TAXPAYER IDENTIFICATION # 05046030100			Number of Vending Machines (If filing for a Class V permit) <input type="text"/>		
A. I/WE MAKE APPLICATION FOR A CLASS <input type="text"/> PERMIT FOR THE LOCATION ABOVE AND, UNDER PENALTIES OF PERJURY, CERTIFY THAT THE INFORMATION IS TRUE, CORRECT AND					
SIGNATURE		DATE		TELEPHONE NUMBER	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
			1. SHOW GROSS RECEIPTS HERE \$ <input type="text"/>		
			PLEASE DO NOT WRITE IN THIS AREA		
			ENTER TOTAL FEE DUE AND PAID \$ <input type="text"/>		

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A LITTER CONTROL PERMIT APPLICATION FORM
FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX
FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

CORPORATION TAX FORMS SPECIFICATIONS

SHORT FORM ONLY

System - 2 characters
CT = Corporation Tax

Filing Type - 1 character
S = Short Form

Filing Period - 2 characters
Calendar year month 01 to 12

Calendar year (2000) - 4 characters

Record ID - 11 characters

STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811

**CORPORATION TAX RETURN
SHORT FORM 1120A(S)
MINIMUM TAX FILERS ONLY**

Jonathan McDonnell
351 South Main St.
Providence, RI 02908-5326

TAXPAYER IDENTIFICATION #
05046030100

1120A(S)

5. RHODE ISLAND BUSINESS CORPORATION TAX \$ 2 5 0 0 0

6. LESS PAYMENTS MADE FOR TAXABLE YEAR \$

7. LESS REFUND TO TAXPAYER \$

8. LESS CREDIT TO 2000 ESTIMATED TAX \$

9. AMOUNT DUE (OVERPAYMENT) LINE 5 MINUS LINE 6 \$

TAX YEAR BEGINNING TAX YEAR

SIGNATURE OF OFFICER OR AUTHORIZED REPRESENTATIVE

PRINT NAME DATE

PHONE NUMBER

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A CORPORATION SHORT FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

CORPORATION TAX FORMS SPECIFICATIONS

SHORT FORM ONLY

BACK

Signature of Preparer		Date
Preparer's S.S.N. or F.E.I.D.		Phone
Date and State of Incorporation	No. of Shares of Authorized Stock	
U.S. Business Code	Par Value Per Share	
Check Here if No Par Value:		<input type="checkbox"/>
President	Treasurer	

A. GROSS RECEIPTS \$

B. DEPRECIABLE ASSETS \$

C. TOTAL ASSETS \$

PLEASE DO NOT WRITE IN THIS AREA

1. FEDERAL TAXABLE INCOME \$

2. LESS LINES 2a THRU 2d FROM WORKSHEET \$

3. ADD LINES 3a AND 3b FROM WORKSHEET \$

4. RHODE ISLAND ADJUSTED TAXABLE INCOME \$

ICR (Intelligent Character Recognition) LINE SPECIFICATIONS

The dollar signs and decimal points must be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as the dollar signs and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the ICR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".